

Aged & Disabled Waiver Services - Idaho Medicaid

** Please see separate fee tables for Residential Assisted Living Facility, Personal Assistance Agency, and Certified Family Home (A&D/PCS) provider rates**

Procedure Code	Modifier	Description		Allowed Amount
E1399		Specialized Medical Equipment and Sup	pplies	As Authorized
H2015		Individual Supportive Living	(1 unit = 15 min)	\$5.31
H2015	HQ	Group Supportive Living	(1 unit = 15 min)	\$2.71
H2016		Daily Supported Living Intense support	(1 unit = 1 day)	\$509.76
H2022		Daily Supported Living High support	(1 unit = 1 day)	\$277.04
H2023		Supported Employment	(1 unit = 15 min)	\$5.25
S5100		Adult Day Health	(1 unit = 15 min)	\$1.50
S5120		Chore Services	(1 unit = 15 min)	\$2.64
S5160		PERS Install/1st month rent	(one-time only)	\$56.89
S5161		PERS Rent	(1 unit = 1 month)	\$33.83
S5165		Environmental Accessibility Adaptations		As Authorized
S5170		Home Delivered Meals	(1 unit = 1 meal)	\$5.23
T1013		Oral Interpretation Service	(1 unit = 15 min)	\$3.04
T1013	CG	Sign Language Interpretation Service	(1 unit = 15 min)	\$12.50
T2021		Day Rehabilitation	(1 unit = 15min)	\$4.53

If you have any questions regarding these rates please contact Lourie Neal, Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1162.

Thank you for your continued participation in the Idaho Medicaid Program.